

## Complaint Information

If you don't speak/write English, CRCL has access to interpreters and can talk to you in any language.

① **Information about the person who experienced the civil rights/civil liberties violation**

(fill in what you can)

Name: (b)(6) (b)(6) (b)(6)  
First and Middle Last

Phone #: Cell: see attorney info below Home: Work:

Please note that we may contact you at the provided numbers.

Mailing Address: c/o National Immigrant Justice Center, 208 S. LaSalle St, Ste 1300, Chicago, IL 60604  
PO Box or Street address City State Zip

Date of Birth: (b)(6) Email (optional): see attorney info below

Alien Registration #: (if you have one and it's available): (b)(6)

- ☐ Check here if you are in detention now.

Which facility? c/o ORR Custody, 4822 N Broadway, Chicago, IL 60640  
Facility name Facility address

- ☒ Check here if you are represented by an attorney in this matter. If so please provide the attorney's name and contact information (b)(6) see above

② **Are you filling in this complaint form on behalf of another individual?** If yes, please provide your information.

Name: (b)(6) Associate Director of Litigation  
First Last Job title

Organization (if any): National Immigrant Justice Center

Phone #: Cell: Home: Work: (312) 660-1308

Mailing Address: National Immigrant Justice Center, 208 S. LaSalle St, Ste 1300, Chicago, IL 60604  
PO Box or Street address City State Zip

③ **What happened?** Describe your complaint. Give as much detail about your experience as possible.

See attached.

Continue on an additional page, if needed.

**When did this happen? If ongoing, please indicate when the problem began.**

*(If it happened on more than one date, list all dates):*

See attached.

**Where did this happen?**

Place (for example, name the detention facility, airport, other): \_\_\_\_\_

City: near Laredo

State or Country: Texas

**④ Who treated you unfairly?**

An employee, contractor, or officer of (check as many as apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Citizenship and Immigration Services (USCIS)    | <input type="checkbox"/> Not sure which DHS office                    |
| <input checked="" type="checkbox"/> Customs and Border Protection (CBP)* | <input type="checkbox"/> Non-DHS employee working under the authority |
| <input type="checkbox"/> Customs Officer                                 | of DHS (e.g., 287g officer)   |
| <input type="checkbox"/> Border Patrol Agent                             | specify: _____  |
| <input type="checkbox"/> Federal Emergency Management Agency (FEMA)      |   |
| <input type="checkbox"/> Immigration and Customs Enforcement (ICE)       |   |
| <input type="checkbox"/> Secret Service (USSS)                           |   |
| <input type="checkbox"/> Transportation Security Administration (TSA)*   |   |
| <input type="checkbox"/> U.S. Coast Guard (USCG)                         |   |
| <input type="checkbox"/> Other DHS program (specify) :                   |   |

\*If your complaint is about an incident at an airport, train station, or border crossing, you may also file a complaint with the Department of Homeland Security's Traveler Redress Inquiry Program (TRIP). TRIP and this Office will review your complaint together, resulting in a faster response. Go to: [www.dhs.gov/trip](http://www.dhs.gov/trip).

**⑤ List anyone else who may have seen or heard what happened.**

*(If you do not know their names, provide whatever details you can)*

Names (or other information, e.g., agency): other unidentified witnesses

Mailing Address: \_\_\_\_\_

PO Box or Street address

City

State or Country

Zip

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Names (or other information, e.g., agency): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

PO Box or Street address

City

State or Country

Zip

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

*Continue on an additional page, if needed.*

- ⑥ **Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint?**

☐ **Yes:** Agency/Office/Court \_\_\_\_\_ Date: \_\_\_\_\_

☒ **No**

**If so, has anyone responded to your complaint?**

☐ **Yes** ☐ **No**

If Yes, describe what has been done to respond to your complaint:

N/A

*Continue on an additional page, if needed.*

- ⑦ **Is there any other information you want us to know about or consider?**

*Continue on an additional page, if needed.*

- ⑧ If you are not proficient in English, please indicate the language in which you prefer we communicate with you.

Spanish

- ⑨ If you have problems understanding this form or any other question, contact CRCL:

E-mail: [crcl@dhs.gov](mailto:crcl@dhs.gov)

Phone: Local: 202-401-1474 or

Toll Free: 866-644-8360

TTY: Local TTY: 202-401-0470

Toll Free TTY: 866-644-8361

Fax: 202-401-4708

By U.S. Postal Service:

Department of Homeland Security

CRCL/Compliance Branch

245 Murray Lane, SW

Building 410, Mail Stop #0190

Washington, DC 20528

*Note:* Because of security measures, it can take up to 4 weeks for us to receive U.S. mail.

- ⑩ To submit this form by email, please save, attach, and send to [crcl@dhs.gov](mailto:crcl@dhs.gov). Please attach or send all information that supports your complaint, such as documents, photos, medical records, grievances, or witness statements.

Submit copies, not originals; put your name and the date of this complaint on each document. (Fax to: 202-401-4708, or email scans of your documents to [crcl@dhs.gov](mailto:crcl@dhs.gov), or mail to the address listed above.)

## Keep a copy of this complaint for your records.

### Privacy Act Statement

Under 6 U.S.C. § 345 and 42 U.S.C. § 2000ee-1, the Office for Civil Rights and Civil Liberties (CRCL) is authorized to investigate complaints and information from the public about possible violations of civil rights or civil liberties related to DHS employees, programs, or activities. A federal law, called the Privacy Act, says we must explain how we protect your information while processing your complaint.

If your complaint is more appropriately handled by a different federal office, we will refer it to that office. In order to investigate your complaint, CRCL will disclose the information regarding your complaint to other appropriate DHS offices, including the Office of the Inspector General. CRCL may also disclose certain information from your complaint if we are required by law to do so or if there is no privacy impact. For example, we send reports to Congress every three months about complaints submitted by the public. Those reports describe the **types** of complaints, and **do not include personal information**. To read our past reports, go to [www.dhs.gov/crcl](http://www.dhs.gov/crcl).

To learn more about the Privacy Act go to the Federal Information Center, [www.pueblo.gsa.gov](http://www.pueblo.gsa.gov)

You may use the following pages to include additional information about your complaint if needed. Please specify which number(s) above you are continuing.



### COMPLAINT AFFIDAVIT

My full and complete name is: (b)(6)  
My assigned Alien number is: (b)(6)  
I was detained by Border Patrol Agents at or near: Laredo, Texas  
I was detained by Border Patrol Agents on or about: May 6, 2014  
My age at the time I was detained: 17 FINS #: (b)(6)  
Event #: (b)(6)  
Border Patrol Agent: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Location of Border Patrol Agent: \_\_\_\_\_

I, (b)(6) declare and affirm that the following took place:

I was detained at the border around May 6, 2014. I traveled from Honduras with my five-month old daughter, (b)(6) I came to the United States to provide for my daughter. I was in the *hielera* for about seven days. I knew about how much time I was there because I would ask the officer what day it was.

The food was very bad. It was bread and they told us turkey meat. I have eaten turkey meat in other places and it tastes good, but the one there was horrible. I did not really eat anything all those days. I fainted three times I think. When I told the officers that it was because of the food they told me, "what do you want, no one told you to come here." In a mocking voice he told me "do you want me to bring you McDonald's or Pizza Hut?"

A friend that was also detained in the *hielera* told me that when I fainted one time, the officer did not support me as I was falling down and I hit the ground. I don't remember if this happened, but I do know I fainted.

I think because I was not eating enough I was struggling with my milk supply and I know my daughter was hungry. I kept asking the officers to give me juice for my daughter because she was hungry but they ignored me. They never gave me that juice I asked for. They never offered me formula or anything else to make sure my daughter was ok. My daughter cried a lot. When I tried to feed her the officer would also tell me that I needed to do it inside the cell because they

did not want me to breast feed in front of the officers. It was difficult to coordinate this when all I wanted was for my daughter to be well and not be hungry.

Most of the time the officers gave me diapers for my daughter but there were times when I had to wait up to three hours asking them over and over that I needed to change my daughter.

The cells were really cold and my daughter did not have a lot of clothes to cover her from the cold. I kept telling the officers that I needed blankets for my daughter but they did not listen. My daughter developed a fever and they took us to the hospital soon after that. In the hospital they gave me a blanket for my daughter and later on a woman officer also gave me another blanket.

I declare and affirm under penalty of perjury that the content of this declaration is true and correct to the best of my knowledge. **I authorize any agency or entity receiving this complaint or a copy of this complaint to release any and all information about this complaint or its investigation to the National Immigration Justice Center (NIJC).**

(b)(6)

Signature

5/27/14

Date

I, (b)(6), hereby declare under penalty of perjury that I am competent in both English and Spanish, and have translated to the best of my abilities the foregoing affidavit from Spanish to English.

(b)(6)

Signature

5/27/14

Date

## COMPLAINT INFORMATION

### 1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)

Date of Birth: (b)(6)

Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

### 2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6)  
First Last

Program Director  
Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

### 3. What happened?

(b)(6)

(b)(6) a fifteen year old girl, was detained by CBP for a total of ten days in two different detention centers. She was provided juice with her meals but the only water she had access to tasted like chlorine. She was provided with food only twice a day and was made ill by the food. She was unable to sleep as she had to sleep on the floor, in a freezing cell, with very bright lights left on. Officials would also hit the door of her cell with an iron baton when she or anyone else tried to sleep. (b)(6) was separated from her family in detention and was not told why.

### 4. Who treated you unfairly? Customs and Border Protection

### 5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic  
Charities  
of Los Angeles, Inc.

### WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/19/2014  
5/15/2014

Name: (b)(6)  
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)  
Signature

5/19/14  
Date

ENTERED



## COMPLAINT INFORMATION

### 1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)  
Date of Birth: (b)(6) Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

### 2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6) Program Director  
*First Last Job title*  
Organization: Esperanza Immigrant Rights Project  
Phone #: Work: (213) 251-3535  
Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

### 3. What happened?

(b)(6)

(b)(6) was seventeen when was detained by CBP for more than 72 hours in more than one detention center. She was not given something to drink after being captured. When she finally did receive something to drink, it was either juice or water with chlorine. (b)(6) was given food three times a day, but the food made her ill. (b)(6) developed a stomach ache, but was not given any medical treatment. She was not able to sleep due to the loud noises and lights that were left on throughout the night. She was not given any personal hygiene items. The officials yelled at her and did not let her call her mother. The officials' excuse was that they did not "obligate her to leave her country, and therefore, had no reason to allow (b)(6) to use the phone."

### 4. Who treated you unfairly? Customs and Border Protection

### 5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic  
Charities  
of Los Angeles, Inc.

### WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/12/14

Name  
DOB:

(b)(6)

A#:

(b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)

Signature

Date

5/12/14



## COMPLAINT INFORMATION

### 1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)

Date of Birth: (b)(6) Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

### 2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6) Program Director  
*First Last Job title*

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

### 3. What happened?

(b)(6)

(b)(6) a fifteen year old boy, was detained by CBP for a total of five days. He was given water with chlorine and food that made him ill. He did not receive any medical treatment. When (b)(6) asked for more food, the immigration officials yelled at him and stated, "It's not our fault you decided to come to the U.S." (b)(6) was forced to sleep in a very cold cell, and had trouble sleeping due to lights that were never turned off and the loud noises throughout the center. He was not allowed to use a restroom, nor was he supplied with any personal hygiene items. (b)(6) personal belongings were not returned to him.

### 4. Who treated you unfairly? Customs and Border Protection

### 5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic  
Charities  
of Los Angeles, Inc.

### WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/22/14

Name: (b)(6)  
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)  
Signature

5/22/14  
Date

## COMPLAINT INFORMATION

### 1. Information about the person who experienced the civil rights/civil liberties violation

Name:

(b)(6)

Date of Birth:

(b)(6)

Alien Registration #:

(b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

### 2. Information about the person filling in this complaint on behalf of the complainant

Name:

(b)(6)

Program Director

First

Last

Job title

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

### 3. What happened?

(b)(6)

(b)(6)

(b)(6) fled to the US after her brother was disappeared and the family received multiple threats targeting her. When she was apprehended, an immigration official in civilian clothes asked her, "what right do you have to come to our country?" When (b)(6) told him the horror's her family had experienced, he responded by telling her she would not get through with her "*pinche mentira*" (fucking lies) because he had worked there for ten years and knew how to detect a liar like her. (b)(6) did not eat because the food that was offered to her appeared and smelled spoiled. She used a bathroom in plain view of all other detainees and did not have access to any soap or hygiene items. The only thin solar blanket she was given had the residue of someone else's food on it. She was separated from her older brother, who was also seeking asylum, and still does not know what happened to him. She fears he may have been deported and killed by those threatening their family.

### 4. Who treated you unfairly? Customs and Border Protection

### 5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic  
Charities  
of Los Angeles, Inc.

### WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 4/24/14

Name: (b)(6)  
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)  
Signature

04-24-2014  
Date



## COMPLAINT INFORMATION

### 1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)  
Date of Birth: (b)(6) Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

### 2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6) Program Director  
*First Last Job title*  
Organization: Esperanza Immigrant Rights Project  
Phone #: Work: (213) 251-3535  
Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

### 3. What happened?

(b)(6)

Fifteen year old (b)(6) was held in CBP custody for nine days in six different *hieleras*. She was provided with bread, a cookie and sometimes an apple and juice for meals. She was not given any personal hygiene items, such as soap, a toothbrush, or deodorant, for the entire time she was held. The water she was provided tasted of chlorine.

### 4. Who treated you unfairly? Customs and Border Protection

### 5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic  
Charities  
of Los Angeles, Inc.

### WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/19/14

Name:

DOB:

(b)(6)

A#:

(b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)

Signature

Date

5/19/14



Department of Homeland Security (DHS)  
Office for Civil Rights and Civil Liberties

## Civil Rights Complaint

Fillable Version (last modified 3/15/2011)

The purpose of this form is to assist you in filing a civil rights/civil liberties complaint with the Department of Homeland Security (DHS) Office for Civil Rights and Civil Liberties (CRCL) regarding DHS programs and activities. This form is not intended to be used for complaints about employment with DHS. You are not required to use this form to file a complaint; a letter with the same information is sufficient. However, if you file a complaint by letter, you should include the same information that is requested in the form.

### CRCL Mission:

The DHS Office for Civil Rights and Civil Liberties (CRCL) supports the Department as it secures the nation while preserving individual liberty, fairness, and equality under the law. We investigate claims of civil rights and civil liberties abuses, to help DHS improve protections and programs.

**Do you have a DHS civil rights or civil liberties complaint? If you believe that DHS personnel or a DHS program or activity has violated your rights, we want to hear from you. Fill out this form, or write us an email or letter.**

In connection with a DHS program, activity, or policy, have you experienced:

- Discrimination based on your race, ethnicity, national origin (including language proficiency), religion, gender, or disability? (Note: do not use this form to make a complaint about employment discrimination; see [www.dhs.gov/eeo](http://www.dhs.gov/eeo).)
- Denial of meaningful access to DHS or DHS-supported programs, activities, or services due to limited English proficiency?
- Violation of your rights while in immigration detention or as a subject of immigration enforcement?
- Discrimination or inappropriate questioning related to entry into the United States?
- Violation of your right to due process, such as your right to timely notice of charges or access to your lawyer?
- Violation of the Violence Against Women Act's confidentiality requirements?
- Physical abuse or any other type of abuse inflicted upon you?
- Any other civil rights or civil liberties violation related to a DHS program or activity?

### Notes on Confidentiality and Anonymity:

- A) You may remain anonymous by not filling in your name, below. However, CRCL may not be able to investigate your complaint unless you provide enough information to conduct an investigation.
- B) Disclosure of the information you provide, including your identity, is on a "need-to-know" basis, and is discussed in the Privacy Statement at the end of this document. IF YOU CHECK THE BOX BELOW, WE WILL NOT DISCLOSE YOUR IDENTITY TO OTHER OFFICES, IN OR OUT OF DHS (unless it is necessary for investigation of criminal misconduct). Note, however, that this will in many situations make it very difficult or impossible, practically speaking, for us to investigate the allegations you raise.
- ☐ I do NOT want CRCL to disclose my name to other offices, and understand this decision will often make it impossible for an investigation to take place.
- C) Reprisal against complainants to CRCL is unlawful; if you feel you have been a victim of reprisal, CALL US. 1-866-644-8360.





## Complaint Information

If you don't speak/write English, CRCL has access to interpreters and can talk to you in any language.

① **Information about the person who experienced the civil rights/civil liberties violation**

(fill in what you can)

Name: (b)(6) (b)(6) (b)(6)  
First and Middle Last

Phone #: Cell: see attorney info below Home: Work:

Please note that we may contact you at the provided numbers.

Mailing Address: c/o National Immigrant Justice Center, 208 S. LaSalle St, Ste 1300, Chicago, IL 60604  
PO Box or Street address City State Zip

Date of Birth: (b)(6) Email (optional): see attorney info below

Alien Registration #: (if you have one and it's available): (b)(6)

☐ Check here if you are in detention now.

Which facility? c/o ORR Custody, 4822 N Broadway, Chicago, IL 60640  
Facility name Facility address

☒ Check here if you are represented by an attorney in this matter. If so please provide the attorney's name and contact information (b)(6) (see above)

② **Are you filling in this complaint form on behalf of another individual?** If yes, please provide your information.

Name: (b)(6) Associate Director of Litigation  
First Last Job title

Organization (if any): National Immigrant Justice Center

Phone #: Cell: Home: Work: (312) 660-1308

Mailing Address: National Immigrant Justice Center, 208 S. LaSalle St, Ste 1300, Chicago, IL 60604  
PO Box or Street address City State Zip

③ **What happened?** Describe your complaint. Give as much detail about your experience as possible.

See attached.

Continue on an additional page, if needed.

**When did this happen? If ongoing, please indicate when the problem began.**

*(If it happened on more than one date, list all dates):*

See attached.

**Where did this happen?**

Place *(for example, name the detention facility, airport, other)*: \_\_\_\_\_

City: near Hidalgo State or Country: Texas

**④ Who treated you unfairly?**

An employee, contractor, or officer of *(check as many as apply)*:

- |  |   |
|--|---|
| <input type="checkbox"/> Citizenship and Immigration Services (USCIS)    | <input type="checkbox"/> Not sure which DHS office                    |
| <input checked="" type="checkbox"/> Customs and Border Protection (CBP)* | <input type="checkbox"/> Non-DHS employee working under the authority |
| <input type="checkbox"/> Customs Officer                                 | of DHS (e.g., 287g officer)   |
| <input type="checkbox"/> Border Patrol Agent                             | specify: _____  |
| <input type="checkbox"/> Federal Emergency Management Agency (FEMA)      |   |
| <input type="checkbox"/> Immigration and Customs Enforcement (ICE)       |   |
| <input type="checkbox"/> Secret Service (USSS)                           |   |
| <input type="checkbox"/> Transportation Security Administration (TSA)*   |   |
| <input type="checkbox"/> U.S. Coast Guard (USCG)                         |   |
| <input type="checkbox"/> Other DHS program <i>(specify)</i> :            |   |

\*If your complaint is about an incident at an airport, train station, or border crossing, you may also file a complaint with the Department of Homeland Security's Traveler Redress Inquiry Program (TRIP). TRIP and this Office will review your complaint together, resulting in a faster response. Go to: [www.dhs.gov/trip](http://www.dhs.gov/trip).

**⑤ List anyone else who may have seen or heard what happened.**

*(If you do not know their names, provide whatever details you can)*

Names (or other information, e.g., agency): other unidentified witnesses

Mailing Address: \_\_\_\_\_  
PO Box or Street address City State or Country Zip

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Names (or other information, e.g., agency): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
PO Box or Street address City State or Country Zip

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

*Continue on an additional page, if needed.*

- ⑥ Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint?

☐ Yes: Agency/Office/Court \_\_\_\_\_ Date: \_\_\_\_\_

☒ No

If so, has anyone responded to your complaint?

☐ Yes ☐ No

If Yes, describe what has been done to respond to your complaint:

N/A

*Continue on an additional page, if needed.*

- ⑦ Is there any other information you want us to know about or consider?

*Continue on an additional page, if needed.*

- ⑧ If you are not proficient in English, please indicate the language in which you prefer we communicate with you.

Spanish

- ⑨ If you have problems understanding this form or any other question, contact CRCL:

E-mail: [crcl@dhs.gov](mailto:crcl@dhs.gov)

Phone: Local: 202-401-1474 or

Toll Free: 866-644-8360

TTY: Local TTY: 202-401-0470

Toll Free TTY: 866-644-8361

Fax: 202-401-4708

By U.S. Postal Service:

Department of Homeland Security

CRCL/Compliance Branch

245 Murray Lane, SW

Building 410, Mail Stop #0190

Washington, DC 20528

*Note:* Because of security measures, it can take up to 4 weeks for us to receive U.S. mail.

- ⑩ To submit this form by email, please save, attach, and send to [crcl@dhs.gov](mailto:crcl@dhs.gov). Please attach or send all information that supports your complaint, such as documents, photos, medical records, grievances, or witness statements.

Submit copies, not originals; put your name and the date of this complaint on each document. (Fax to: 202-401-4708, or email scans of your documents to [crcl@dhs.gov](mailto:crcl@dhs.gov), or mail to the address listed above.)

## Keep a copy of this complaint for your records.

### Privacy Act Statement

Under 6 U.S.C. § 345 and 42 U.S.C. § 2000ee-1, the Office for Civil Rights and Civil Liberties (CRCL) is authorized to investigate complaints and information from the public about possible violations of civil rights or civil liberties related to DHS employees, programs, or activities. A federal law, called the Privacy Act, says we must explain how we protect your information while processing your complaint.

If your complaint is more appropriately handled by a different federal office, we will refer it to that office. In order to investigate your complaint, CRCL will disclose the information regarding your complaint to other appropriate DHS offices, including the Office of the Inspector General. CRCL may also disclose certain information from your complaint if we are required by law to do so or if there is no privacy impact. For example, we send reports to Congress every three months about complaints submitted by the public. Those reports describe the **types** of complaints, and **do not include personal information**. To read our past reports, go to [www.dhs.gov/crcl](http://www.dhs.gov/crcl).

To learn more about the Privacy Act go to the Federal Information Center, [www.pueblo.gsa.gov](http://www.pueblo.gsa.gov).

You may use the following pages to include additional information about your complaint if needed. Please specify which number(s) above you are continuing.

### COMPLAINT AFFIDAVIT

My full and complete name is: (b)(6)  
My assigned Alien number is: \_\_\_\_\_  
I was detained by Border Patrol Agents at or near: Hidalgo, Texas  
I was detained by Border Patrol Agents on or about: April 28, 2014  
My age at the time I was detained: 17 FINS #: (b)(6)  
Event #: (b)(6)  
Border Patrol Agent: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Location of Border Patrol Agent: \_\_\_\_\_

I, (b)(6) declare and affirm that the following took place:

I was detained at the border around April 28, 2014. I traveled from El Salvador in search of safety in the United States. I was traveling with a group of maybe 12-15 people, mainly women and their children. After we crossed into the United States, an immigration officer in his truck spotted us. He was alone in his truck and he did not get out he only pointed a gun at the group and told us to stop. Soon after, other vehicles and more officers came. They separated the women and the children from the men.

They took me to an office building where they took down my information. After that, they took us to what people call the *hielera*.

In the *hielera* they gave me a bologna sandwich but it was frozen, it tasted horrible. They also gave us water with ice. All the cold food made everything just feel colder.

In the *hielera*, a friend that was also detained and I started talking and we laughed about something without thinking. An officer screamed at us angry and told us "what are you laughing at." He took away our blanket and told us we had to stand. We had to stay standing for about an hour and a half. The officer told us that if we sat down without him telling us he would take us to a colder room.

After a few days of being in the *hielera*, an officer woke us up early in the morning. All they told us is that we were now going to be handcuffed because we would be leaving. I did not tell the officer anything and I did not resist the handcuffs. I did not want to cause any problems and I did not want the officers to be mad with me. I was handcuffed at my hands, my waist, and my feet. The handcuffs were very tight and I felt I could barely move but I did not say anything. Everyone was handcuffed except for the really young children. We went like that to a bus and then traveled to an airport. Once we were in the air, maybe 30 minutes after takeoff, they took off the handcuffs.

I declare and affirm under penalty of perjury that the content of this declaration is true and correct to the best of my knowledge. **I authorize any agency or entity receiving this complaint or a copy of this complaint to release any and all information about this complaint or its investigation to the National Immigration Justice Center (NIJC).**

(b)(6)

Signature

5/27/14

Date

I, (b)(6), hereby declare under penalty of perjury that I am competent in both English and Spanish, and have translated to the best of my abilities the foregoing affidavit from Spanish to English.

(b)(6)

Signature

5/27/14

Date



## COMPLAINT INFORMATION

### 1. Information about the person who experienced the civil rights/civil liberties violation

Name:

(b)(6)

Date of Birth:

(b)(6)

Alien Registration #:

(b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

### 2. Information about the person filling in this complaint on behalf of the complainant

Name:

(b)(6)

Program Director

*First*

*Last*

*Job title*

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

### 3. What happened?

(b)(6)

(b)(6) was in CBP custody for a total of nine days. (b)(6) was held in more than one holding facility and was given water with a lot of chlorine, as well as food that made her ill. She was not given any medical treatment. (b)(6) was forced to sleep in a very cold cell with no bed and only a few sheets, where the lights were kept on all night. The only available restroom had no doors and afforded no privacy. CBP officials mistreated (b)(6) by yelling at her and using a whistle to wake her up.

### 4. Who treated you unfairly? Customs and Border Protection

### 5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic  
Charities  
of Los Angeles, Inc.

### WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 05/15/14

Name: (b)(6)  
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)  
Signature

15/05/14  
Date

## COMPLAINT INFORMATION

### 1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)

Date of Birth: (b)(6) Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

### 2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6) Program Director  
*First Last Job title*  
Organization: Esperanza Immigrant Rights Project  
Phone #: Work: (213) 251-3535  
Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

### 3. What happened?

(b)(6)

(b)(6) fled his home country after resisting forced gang recruitment and suffering a litany of threats. The last time he rejected the gang, they followed him and took him to an alley where several gang members beat him violently with bats. (b)(6) came to the US three days following the incident and was apprehended crossing the Rio Grande River. Immigration officials yelled at (b)(6) took away his sweater and placed him in a very cold room. His clothes were still soaking wet from the river, so he was extremely cold. All he was given to eat was a small burrito and juice. The lights were on all day and night.

### 4. Who treated you unfairly? Customs and Border Protection

### 5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





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### WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/2/14

Name: (b)(6)  
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to file a complaint on my behalf with the Office of Civil Rights and Civil Liberties (CRCL) and the Office of the Inspector General (OIG). I understand that I may be contacted at the later date by either of these agencies to confirm the allegations set forth in my complaint. I understand that my filing this complaint will not negatively affect my immigration case, nor will it confer any legal immigration status on me or my dependents.

I understand that Esperanza may use my personal story in future advocacy surrounding this complaint, but that Esperanza will never use my name or any information that could be used to identify me publicly.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)  
Signature

5/02/14  
Date



## COMPLAINT INFORMATION

### 1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)

Date of Birth: (b)(6)

Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

### 2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6)  
*First Last*

Program Director  
*Job title*

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

### 3. What happened?

(b)(6)

(b)(6) a 13 year old girl, came to the US with her sister after gang members threatened to kill her and her entire family. She was apprehended near El Paso, Texas after crossing the river. She was detained in wet clothes for three days and was never given water, only juice. CBP officers provided food that seemed spoiled; when the minor asked for something else, the officers screamed, "This isn't a restaurant." (b)(6) noted that there was a camera in the bathroom, which made her very ashamed to use it. The CBP officers claimed to have lost her personal belongings, which were never returned to her.

### 4. Who treated you unfairly? Customs and Border Protection

### 5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





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### WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/16/14

Name:  
DOB:

(b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to file a complaint on my behalf with the Office of Civil Rights and Civil Liberties (CRCL) and the Office of the Inspector General (OIG). I understand that I may be contacted at the later date by either of these agencies to confirm the allegations set forth in my complaint. I understand that my filing this complaint will not negatively affect my immigration case, nor will it confer any legal immigration status on me or my dependents.

I understand that Esperanza may use my personal story in future advocacy surrounding this complaint, but that Esperanza will never use my name or any information that could be used to identify me publicly.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)

Signature

5/16/14  
Date

## COMPLAINT INFORMATION

### 1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)

Date of Birth: (b)(6) A#: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

### 2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6) Program Director  
*First Last Job title*  
Organization: Esperanza Immigrant Rights Project  
Phone #: Work: (213) 251-3535  
Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

### 3. What happened?

(b)(6)

(b)(6) stopped going to school after sixth grade. She worked as a live-in maid for a family where she cooked, cleaned, and washed clothing. She not only supported herself, but also her family. (b)(6) sent her family most of the money she earned. At sixteen years of age, border agents apprehended her crossing the US-Mexico border in her search for a better life. She was held in a freezing cold cell. The only water provided tasted of bleach and she did not receive needed medical treatment.

### 4. Who treated you unfairly? Customs and Border Protection

### 5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No







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### WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 12/04/2014

Name: (b)(6)  
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)  
Signature

4/17/14  
Date

## COMPLAINT INFORMATION

### 1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)

Date of Birth (b)(6)

Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

### 2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6) Program Director  
*First Last Job title*

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

### 3. What happened?

(b)(6)

(b)(6) a thirteen year old girl, was held in CBP custody for eleven days. She was not allowed to bathe the entire time she was held in immigration detention, nor was she given any personal hygiene items, including the most basic things like a toothbrush or soap. She was not given food at regular intervals and often felt hungry. She slept on the floor of her holding cell, which was very cold, and was unable to sleep due to the bright lights that were never turned off and surrounding noises.

### 4. Who treated you unfairly? Customs and Border Protection

### 5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





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### WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/19/2014

Name: (b)(6)  
DOB: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)

Signature

5/19/14  
Date

ENTERED

## COMPLAINT INFORMATION

### 1. Information about the person who experienced the civil rights/civil liberties violation

Name:

(b)(6)

Date of Birth:

(b)(6)

Alien Registration #:

(b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

### 2. Information about the person filling in this complaint on behalf of the complainant

Name:

(b)(6)

Program Director

*First Last*

*Job title*

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

### 3. What happened?

(b)(6)

(b)(6) was in CBP custody for a total of seven days. He was not given anything to drink or eat until he had been in custody for two full days. When he was finally given something to drink and eat, he was given juice and food that made him ill. He did not receive any medical treatment.

(b)(6) was forced to sleep in a very cold cell, and had trouble sleeping due to lights that were never turned off and the loud noises throughout the center. (b)(6) was allowed to use the public restroom, but was not provided with any personal hygiene items. The CBP officials failed to return (b)(6) personal items, including a ring and belt. CBP officials mistreated (b)(6) by yelling at him and failing to allow him to use a phone to communicate with his parents and/or consulate.

### 4. Who treated you unfairly? Customs and Border Protection

### 5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No







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### WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/22/14

Name: (b)(6)  
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)  
Signature

5/22/14  
Date



## COMPLAINT INFORMATION

### 1. Information about the person who experienced the civil rights/civil liberties violation

Name:

(b)(6)

Date of Birth:

(b)(6)

Alien Registration #:

(b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

### 2. Information about the person filling in this complaint on behalf of the complainant

Name:

(b)(6)

Program Director

*First*

*Last*

*Job title*

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

### 3. What happened?

(b)(6)

(b)(6) a fourteen year old girl, was in CBP custody for a total of six days. She was not given water or food for what seemed like a long time after being apprehended. She was later given salted water and cold soup, which made her ill. She did not receive any medical treatment.

(b)(6) was forced to sleep in a very cold cell, and had trouble sleeping due to lights that were never turned off and the loud noises throughout the center. She was not allowed to use a restroom, nor was she supplied with any personal hygiene items.

### 4. Who treated you unfairly? Customs and Border Protection

### 5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic  
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of Los Angeles, Inc.

### WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/22/2014  
Name: (b)(6)  
DOB: (b)(6)

A#: (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)  
Signature

22/05/2014  
Date

## COMPLAINT INFORMATION

### 1. Information about the person who experienced the civil rights/civil liberties violation

Name: (b)(6)

Date of Birth: (b)(6) Alien Registration #: (b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

### 2. Information about the person filling in this complaint on behalf of the complainant

Name: (b)(6) Program Director  
*First Last Job title*

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

### 3. What happened?

(b)(6)

(b)(6) was in CBP custody for six days in three different *hieleras*. At meals, she was only given bread with frozen bologne. The food gave her a serious headache and caused her to vomit repeatedly. She also had a fever and was not given medical attention. It was impossible to sleep because the bright lights and air conditioning was never turned off and she had no blanket to keep warm from the cold. Officials would yell into the cell every five minutes to ensure they did not fall asleep.

### 4. Who treated you unfairly? Customs and Border Protection

### 5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





Catholic  
Charities  
of Los Angeles, Inc.

### WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/19/14

Name:  
DOB:

(b)(6)

A#:

(b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

(b)(6)

Signature

Date

5/19/14

ENTERED



## COMPLAINT INFORMATION

### 1. Information about the person who experienced the civil rights/civil liberties violation

Name:

(b)(6)

Date of Birth:

(b)(6)

Alien Registration #:

(b)(6)

Please contact me through the organization filing this complaint on my behalf. Esperanza Immigrant Rights Project has my current contact information and can facilitate any necessary follow-up.

### 2. Information about the person filling in this complaint on behalf of the complainant

Name:

(b)(6)

Program Director

Organization: Esperanza Immigrant Rights Project

Phone #: Work: (213) 251-3535

Mailing address: 1530 James M. Wood Blvd., Los Angeles, CA 90015

### 3. What happened?

(b)(6)

(b)(6) was placed in three-point shackles even though she was six and a half months pregnant. During her immigration screening, where she attempted to identify herself as an asylum seeker, she was told that if she did not identify who helped her cross the border, they would take her five year old boy away from her and she would not see him. Immigration officials tossed out her prenatal vitamins and the medication she had brought for her son. (b)(6) relates that the cell she was placed in smelt or urine and she did not receive water. An official asked her to tell her son she would be doing a *mandado*, an errand. (b)(6) began to cry. The official asked him if he knew how to count, to which (b)(6) answered "yes". The official told (b)(6) to count a week three times because he would not see his mother until that time had passed. It would be two months before they would be reunited.

During his three days in CBP custody, immigration officials provided (b)(6) five-year old son, only with a cookie and juice to eat and drink. (b)(6) slept on the floor without any bedding. (b)(6) were separated for two months by immigration officials and (b)(6) placed into foster care. He describes being terrified and deeply saddened by the experience.

4. Who treated you unfairly? Customs and Border Protection
5. Have you contacted any other DHS component or other federal, state, or local government agency or court about this complaint? No





My full and complete name is: (b)(6)

My assigned Alien number is: (b)(6)

I was detained by Border Patrol Agents at or near: Naco, AZ

I was detained by Border Patrol Agents on or about: November 13, 2013

My age at the time I was detained: 25 FINS #: \_\_\_\_\_

Event #: (b)(6)

Border Patrol Agent: (b)(6), (b)(7)(C) Supervisor: \_\_\_\_\_

Location of Border Patrol Agent: Florence, AZ

I, (b)(6) declare and affirm that the following took place:

- El 15 nov. me detuvieron en Camanea y nos llevaron a Tucson. Ya puestos en el carro me pusieron esposas sabiendo q. estaba embarazada (6 meses y 1/2) despues de llegar a Tucson me entrevistaron y luego llega otro Sr. y me dijo si tu no dices quien te trajo te vamos a quitar a tu hijo y no lo veras OK = y yo le dije llorando q. no porfavor no y me dijo "tú lo complicas OK".

Me metieron a un cuarto y me dejaron sin comida ni nada en el piso. solo nos miraban hacia adentro como animales ~~ab~~ apuestosos como basura. Nos miraban sobre el hombro. despues nos enviaron a ~~esta~~ Florence y me discriminaron totalmente hasta tal punto de decir "No me toques" nos sentaron en el piso echaron mis pastillas prenatales a la basura la medina de mi hijo igual Ropa. y unos Sueros Orales, despues nos dejaron x mas tiempo en otra celda donde apestaba a orines, estaba bastante sucio.

(Cuando nos agarraron hicieron q. botaramos el agua y el suero al piso y no nos dieron agua hasta q. llegamos a Tucson. -

En este lugar fue donde por 2 meses ya no volví a ver a mi hijo. La Sra me dijo sabes q- traes dinero para tu boleto - yo le dije q- solo tenía \$20. y me dijo no te alcanza para irte. y volver al cuarto en la tarde de ese día me llamo y me dijo tú vas a ir al Juez OK dile a tu hijo q- vas a ir hacer un mandado yo le dije porque? . Y ella le dijo "Sabes contar el llorando le dijo sí=" "Cuenta entonces tres veces una semana y despues veras a tu mamá=" Yo le dije xq- "afortunadamente otra Sra me dijo sabe q- apuresse q- el juez tiene hora y ya es hora de irnos. "Pensé q- yo iba a volver y yo no sabía q- iba para la cárcel. y ya no volví a ver a mi hijo. - hasta el 11 de enero. 14.

I declare and affirm under penalty of perjury that the content of this declaration is true and correct to the best of my knowledge. I authorize any agency or entity receiving this complaint or a copy of this complaint to release any and all information about this complaint or its investigation to Esperanza Immigrant Rights Project of Catholic Charities, Los Angeles.

(b)(6)

5/13/14

Date

I, \_\_\_\_\_, hereby declare under penalty of perjury that I am competent in both English and Spanish, and have translated to the best of my abilities the foregoing affidavit from Spanish to English.

N/A

Signature

Date

My full and complete name is: (b)(6)

My assigned Alien number is: (b)(6)

I was detained by Border Patrol Agents at or near: Naco, Arizona

I was detained by Border Patrol Agents on or about: November 13, 2013

My age at the time I was detained: 5 FINS #: \_\_\_\_\_

Event #: (b)(6)

Border Patrol Agent: (b)(6), (b)(7)(C) Supervisor: (b)(6), (b)(7)(C)

Location of Border Patrol Agent: Tucson, Arizona

I, (b)(6), declare and affirm that the following took place:

Cuando me separaron de mi mamá, me llevaron en un avión a Texas, pregunté donde estaba mi mamá y dijeron q. no estaba. y cuando me baje del avión, me llevaron con una familia q. se llaman "Ballesteros" y te dijeron, no se toca, no llorar, y hacerle caso a su maestro.

Cuando estaba en migración me dieron galleta y un juguito, no había papel.

Dormí en el piso, sin cobija no me permitieron bañarme.

Me dieron burritos de frijoles calientes.

Después me dijeron q. si podían contar q. contara 3 veces una semana y después iba a ver a mi mamá.

- La familia (b)(6) decían q. me fuera ya. q. no viera tele.

- En el cuarto de Migración habían Mujeres y hombres.

✓ Pasamos 3 días en ese cuarto.



I declare and affirm under penalty of perjury that the content of this declaration is true and correct to the best of my knowledge. **I authorize any agency or entity receiving this complaint or a copy of this complaint to release any and all information about this complaint or its investigation to Esperanza Immigrant Rights Project of Catholic Charities, Los Angeles** (b)(6)

(b)(6)

5/13/14

I, \_\_\_\_\_, hereby declare under penalty of perjury that I am competent in both English and Spanish, and have translated to the best of my abilities the foregoing affidavit from Spanish to English.

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2015-CRFO-0000801106



Catholic  
Charities  
of Los Angeles, Inc.

### WAIVER OF ANONYMITY FOR CRCL/OIG COMPLAINT

Date: 5/13/14

Name: (b)(6)  
DOB: (b)(6)

A# (b)(6)

I authorize the Esperanza Immigrant Rights Project or any of its duly authorized representatives to use my personal story and identifying information in their filing of a group CRCL/OIG complaint against ICE/CBP.

I understand that the filing of the complaint does not initiate representation for immigration purposes. An attorney from Esperanza will not accompany me to court unless I have an independent representation agreement with Esperanza. My participation is voluntary and willing and does not guarantee a specific outcome for immigration purposes.

I understand that this consent expires one year from the date of my signing and I may withdraw my consent at any time.

BY SIGNING THIS AGREEMENT, I INDICATE MY UNDERSTANDING AND AGREEMENT WITH ITS ENTIRE CONTENTS.

IF I DO NOT READ AND UNDERSTAND ENGLISH, THIS AGREEMENT HAS BEEN READ TO ME IN THE Spanish LANGUAGE BY (b)(6) (print name) AND I UNDERSTAND AND AGREE WITH ITS ENTIRE CONTENTS.

Sig: (b)(6)

Date: Mayo - 13 - 2014



From: (b)(6)  
To: [CRCLCompliance](#)  
Subject: CBP complaints by UACs  
Date: Monday, June 16, 2014 5:09:28 PM  
Attachments:

CBP Complaint Weslaco (b)(6)  
CBP complaint McAllen  
CBP Complaint Browns  
CBP Complaint Weslaco  
CBP Complaint Weslaco  
CBP Complaint Weslaco

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Good Afternoon,

Please find attached six complaints about CBP conduct involving UACs.

Best,

(b)(6)

Children's Staff Attorney  
South Texas Pro Bono Asylum Representation Project (ProBAR)  
(a project of the American Bar Association Commission on Immigration)  
119 W. Van Buren, Ste. 204  
Harlingen, TX 78550

(b)(6)@[gmail.com](#)

tele: (956) 365-3775

fax: (956) 365-3789

June 16, 2014

Department of Homeland Security  
Attn: Office of Inspector General  
245 Murray Drive, SW, Building 410  
Washington, DC 20528

RE: Weslaco Border Patrol

Dear Sir or Madam:

Our office requests that the Office of Inspector General investigate the behavior of Border Patrol officers in Weslaco, Texas, where we have received a **report of a civil rights violation of an unaccompanied minor**. We are attaching the affidavit signed by the minor.

- (b)(6) age 16, (b)(6) previously detained at the Baptist Child and Family Services (BCFS) facility in Harlingen, Texas. For your reference the event number is (b)(6)

(b)(6) reports being mistreated by Border Patrol Officer in or near Weslaco, Texas. He states that on or about May 14, 2014, he began to feel like he could not breathe while in the holding cell at a processing station. (b)(6) explains that the holding cell was overpopulated. (b)(6) states that the holding cell had a bad odor from the bodily odors and fluids. (b)(6) further explains that minors and adults were in the same holding cell and many minors were being mistreated by adults. (b)(6) explains he felt like the Officials did not pay attention to his concerns. (b)(6) also states that potable water was not provided.

The minor's declaration provides more detailed information on the abuse outlined above.

Unaccompanied minors who are in custody deserve the fair and humane treatment that is outlined in the Flores settlement. I trust that your agency will be able to use this information to identify any individuals involved in the abuses and to advocate for Border Patrol's compliance with the standards for treatment of minors in custody.

We are looking forward to hearing from you concerning this complaint. Please note that the minor's signature on page two of his complaint authorizes your agency to release information about any investigation of this complaint to ProBAR, and we request that you do so. If you have any questions, please contact me at (956) 365-3775. Thank you for your prompt attention to this matter.

Respectfully,

(b)(6)

Attorney at Law

cc: DHS Office of the Inspector General  
245 Murray Drive, SW, Building 410/Mail Stop 2600  
Washington, DC 20528  
*Via facsimile to (202) 254-4297*

Department of Homeland Security  
Office of Civil Rights and Civil Liberties  
245 Murray Drive, SW, Building 410  
Washington, DC 20528  
*Via electronic mail to CRCLCompliance@hq.dhs.gov*

Department of Homeland Security  
Joint Intake Center, ICF/CBP  
P.O. Box 14475  
1200 Pennsylvania Avenue, NW  
Washington, DC 20044  
*Via facsimile to (202) 344-3390*

Department of Homeland Security  
Office of Internal Audit  
425 "I" Street, NW  
Washington, DC 20530

Commission on Immigration  
American Bar Association  
740 15<sup>th</sup> Street, NW, 9<sup>th</sup> floor  
Washington, DC 20005-1022  
*Via electronic mail*

Customs and Border Protection  
Weslaco Station  
1501 E. Expressway 83  
Weslaco, Texas 78559

# ProBAR Border Patrol Affidavit Form

My full and complete name is: (b)(6)

My assigned Alien number is: (b)(6)

I was detained by Border Patrol Agents at or near: Pharr, Texas

I was detained by Border Patrol Agents on or about May 14, 2014

My age at the time I was detained: 16 FINS #: (b)(6)

Event #: (b)(6)

Border Patrol Agent: Supervisor: (b)(6), (b)(7)(C)

Location of Border Patrol Agent: Weslaco, Texas

I, (b)(6) declare and affirm that the following took place:

I was in the Border Patrol holding cell lying down. There were a lot of people in the holding cell.

I started to feel like I couldn't breathe. I tried to get an officials' attention. My heart began to hurt. Other people in the holding cell noticed I wasn't feeling well and tried to get an officials' attention as well.

Once everyone began to get the officials' attention someone came to take me out. They told me to sit down and I fell on the ground. I began to shake and I think I fainted. Later the officials brought a wheelchair and took me out. They took out my cousin (b)(6) who is 15, out with me. Afterwards

I calmed down a bit. Then later after some time passed they finally took me to the hospital. When they brought me back from the hospital they put me back in the holding cell. I asked to go into another holding cell where there was less people. I think I felt bad because there was too many people in the holding cell. Also the holding cell had a weird smell from all the people and bodily fluids. Many people slept standing up. The holding cell I was in didn't give us drinking water so we drank from the faucet.

In addition, they put the adults in the same holding cell as the minors. While we slept the adults would touch the minors. The officials told us that the adult's wouldn't be there for too long. The adults would take our food and make us move if we were sleeping. We couldn't really sleep in the holding cell.

# ProBAR Border Patrol Affidavit Form

I declare and affirm under penalty of perjury that the content of this declaration is true and correct to the best of my knowledge. I authorize any agency or entity receiving this complaint or a copy of this complaint to release any and all information about this complaint or its investigation to South Texas Pro Bono Asylum Representation Project (ProBAR).

(b)(6)

Signature

May 28, 2014

Date

I, (b)(6) hereby declare under penalty of perjury that I am competent in both English and Spanish, and have translated to the best of my abilities the foregoing affidavit from Spanish to English.

(b)(6)

May 28, 2014

Date